PARENTAL SMOKING AND COMPROMISED CHILDREN

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COMPROMISED CHILDREN

The literature on environmental tobacco smoke includes a body of research on asthma and the relationship between parental smoking and preexistent disease in children. While only a few studies have been conducted thus far on children with, for example, cystic fibrosis (a genetic disorder whereby lung passages often become blocked by abnormally behaving mucus), there have been numerous studies that have examined asthmatic children and the presence of smokers in the home. The results of the studies have been variable and are subject to the influences of many different confounders such as socioeconomic status, genetic determinants, damp housing, and gas cooking in the home. It is not suprising, therefore, that researchers are inconsistent in their interpretation of the available data on exposure to ETS and childhood asthma. Following is a presentation of the major studies that have examined a possible association of ETS with asthma in children. Also included are the studies available on children with cystic fibrosis.

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RESULTS OF SELECTED STUDIES: COMPROMISED CHILDREN

Leeder, et al., 1976	Reported that episodes of asthma in the first five years of life showed an association with parental history of asthma-wheeze and that there is little relationship between asthma in the first five years of life and other family, social, or environmental factors.
Fergusson, et al., 1985	Reported that maternal smoking increased the risk of lower respiratory infections/symptoms during the child's first two years of life, and that after two years this association seemed to disappear. Also reported that there was no increased risk of asthma or asthma attacks attributable to maternal smoking.
Horwood, et al., 1985	Reported that there was no evidence to suggest that the structure, practices (including parental smoking), or the dynamics of the family played a significant role in the development of childhood asthma.
Murray, et al., 1986	Reported that maternal smoking aggravated symptoms in asthmatic children.

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Anderson, et al., 1987	Reported that sex of child, mother's age at the child's birth, pneumonia, whooping cough, tonsillectomy, adenoidectomy, allergic rhinitis, eczema and periodic abdominal pain/vomiting attacks were associated with the development of childhood asthma.
Evans, et al., 1987	Reported that parental smoking increased the number of emergency room visits of children with asthma. The lack of an association between parental smoking and symptoms in asthmatic children caused the authors to question the mechanism whereby parental smoking would increase ER visits.
Toyoshima, et al., 1987	Reported that it was not clear whether parental smoking increased the incidence of asthmatic disease in children.
Kershaw, 1987	The authors conceded that the association observed with parental smoking may reflect a relationship of smoking behaviour to a number of other social factors such as medical care utilization and maternal stress.
Murray, et al., 1988	Reported that paternal smoking, including the number of cigarettes the father smoked at home, had no association with any test results. Maternal smoking in the "wet and cold" season was reported to increase the severity of the child's asthma. There was no assocation in the "warm and dry" season

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	and the severity of the child's asthma. The authors attribute this to increased ventilation in the "warm and dry" season.
Somerville, et al., 1988	Reported a positive association between parental smoking and asthma in girls and a non-significant negative relation between parental smoking and asthma in boys.
Oldigs, et al., 1990	Reported that in children with mild bronchial asthma one hour of passive smoke exposure did not cause airway obstruction or changes in bronchial responsiveness.
Sherman, et al., 1990	Neither bronchiolitis, eczema, croup, personal cigarette smoking, maternal smoking, paternal smoking, nor delivery complications bore an apparent relation to the development of childhood asthma.
Weitzman, et al., 1990	The authors concede that the estimate of children's exposure to cigarette smoke is "crude", based on parent reporting of smoking during pregnancy.
Rubin, 1990	Reported an association between parental smoking and the severity of cystic fibrosis in children. However, the authors conceded that it could not be ruled out that social, economic, or other factors determined both the smoking status of the household and the nutritional status of the children.

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Gilljam, et al., 1990	Reported that there was no statistical difference in clinical status or pulmonary function between children with cystic fibrosis from smoking and nonsmoking families. For patients with higher levels of physical activity, parental smoking appeared to matter less.
Young, et al., 1991	Reported that parental smoking may contribute to a higher level of airway responsiveness early in the child's life. The authors conceded that they did not report the actual amount of parental smoking due to the inaccuracies of parental reporting.

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